

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 397823 (6)

1. Corporation Name
JIM MORRIS BAIL BONDS, INC.



Principal Place of Business: 125 NE 8TH ST. #2, HOMESTEAD FL 33030, US
Mailing Address: P. O. BOX 901388, HOMESTEAD FL 33030, US

3. Date Incorporated or Qualified: 03/21/1972
3a. Date of Last Report: 07/19/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for address details.

4. FEI Number: 59-1388563
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MORRIS, BETH, 16905 SW 286 STR, HOMESTEAD FL 33030
10. Name and Address of New Registered Agent (81-85) fields for name, address, and zip code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S MORRIS, DONNA 16905 S W 286TH ST HOMESTEAD FL	1. 1 TITLE	Change Addition
NAME	MORRIS, BETH	2. 1 TITLE	Change Addition
STREET ADDRESS	16905 SW 286 STR	2. 2 NAME	
CITY-ST-ZIP	HOMESTEAD FL	2. 3 STREET ADDRESS	
TITLE	V MORRIS, JEFFREY	2. 4 CITY-ST-ZIP	
NAME	MORRIS, JEFFREY	3. 1 TITLE	Change Addition
STREET ADDRESS	16905 S W 286 ST	3. 2 NAME	
CITY-ST-ZIP	HOMESTEAD FL	3. 3 STREET ADDRESS	
TITLE		3. 4 CITY-ST-ZIP	
NAME		4. 1 TITLE	Change Addition
STREET ADDRESS		4. 2 NAME	
CITY-ST-ZIP		4. 3 STREET ADDRESS	
TITLE		4. 4 CITY-ST-ZIP	
NAME		5. 1 TITLE	Change Addition
STREET ADDRESS		5. 2 NAME	
CITY-ST-ZIP		5. 3 STREET ADDRESS	
TITLE		5. 4 CITY-ST-ZIP	
NAME		6. 1 TITLE	Change Addition
STREET ADDRESS		6. 2 NAME	
CITY-ST-ZIP		6. 3 STREET ADDRESS	
		6. 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 5-17-96 DAYTIME PHONE: 305 247-6890

CR2E034 (12/95)